

COURT PARALEGAL
Announcement Number: 06-030
Supplemental Application
Filing Deadline: Open Until Filled

This form must be submitted with the Superior Court of California, County of San Bernardino Employment Application. Attach a legible copy of your Certificate of Completion from an American Bar Association accredited and certified paralegal program to this supplemental application along with a writing sample.

1. CERTIFICATION/EDUCATION

Certificate of completion from an American Bar Association accredited and certified paralegal program.

Name of School/College: _____

Completion Date: _____

☐ Copy of Certificate attached (required)

Type of Degree(s) held (if applicable): _____

Date(s) Awarded: _____

Name/location of College(s)/University(s): _____

Directions: On separate paper, please describe in detail, but as concisely as possible, your experience and accomplishments in each of the following areas in one page or less. Specify the employer, position held and dates when describing your experience.

2. Describe your experience in family law, including working with clients, reviewing and researching cases, drafting memoranda and preparing court forms and pleadings.
3. Describe your experience in guardianship, including working with clients, reviewing and researching cases, drafting memoranda and preparing court forms and pleadings.
4. Describe your experience in unlawful detainers, including working with clients, reviewing and researching cases, drafting memoranda and preparing court forms and pleadings.
5. Describe your experience with small claims actions.
6. Describe your experience preparing orders and judgments for a court.
7. Describe your experience and level of proficiency using Word, Excel and Lexis software, or other similar software (e.g., Word Perfect, Westlaw, etc.) including the tasks performed using each.
8. Attach a sample of a motion or memo that you have personally drafted.

CERTIFICATE OF APPLICANT: I certify that all statements made in this application and supplemental application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

Name (print): _____ Social Security Number: _____

Signature: _____ Date: _____